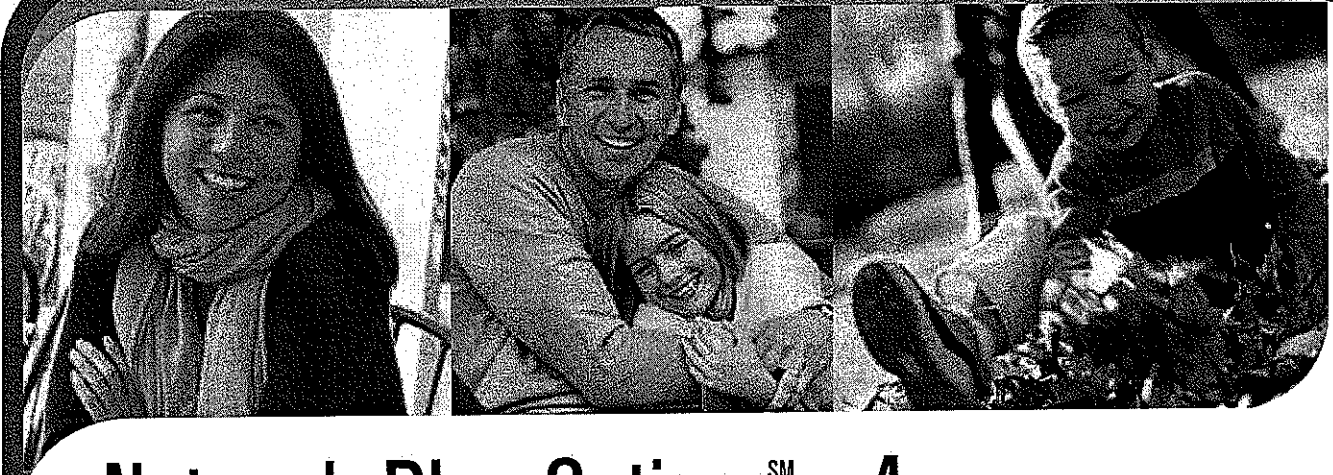




MASSACHUSETTS



Network Blue OptionsSM v.4

Summary of Benefits



This health plan includes a tiered provider network called HMO Blue Options v.4. Members in this plan pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at www.bluecrossma.com/findadoctor and search for HMO Blue Options v.4.

✓ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect as of January 1, 2011, as part of the Massachusetts Health Care Reform Law.

Your Care

Within the Network Blue Options v.4 network, hospitals and groups of primary care providers (PCPs) are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria selected by Blue Cross Blue Shield of Massachusetts.

Where you receive care will determine your out-of-pocket costs for most services under the plan. By choosing Enhanced Benefits Tier providers each time you get hospital or PCP care, you can generally lower your out-of-pocket costs.

- **Enhanced Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and low cost relative to our benchmark. You pay the lowest out-of-pocket costs when you choose providers in the Enhanced Benefits Tier.
- **Standard Benefits Tier**—Includes Massachusetts hospitals and PCPs that meet the standards for quality and are moderate cost relative to our benchmark and hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. You pay mid-level out-of-pocket costs when you choose providers in the Standard Benefits Tier. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes Massachusetts hospitals that are high cost relative to our benchmark and PCPs that do not meet the standards for quality and/or are high cost relative to our benchmark. You pay the highest out-of-pocket costs when you choose providers in the Basic Benefits Tier.

Note: PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider, or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. Providers that do not meet benchmarks for one or both of the domains and hospitals that use nonstandard reimbursement are placed in the Basic Benefits Tier.

It is important to consider the tier of both your primary care provider and the facility where your provider has admitting privileges before you choose a PCP or receive care. For example, if you require hospital care and your Enhanced Benefits Tier PCP refers you to an Enhanced Benefits Tier hospital, you would pay the lowest cost sharing for both your PCP and hospital services. Or, if your Enhanced Benefits Tier PCP refers you to a Basic Benefits Tier hospital for care, you will pay the lowest copayments for PCP services, but the highest copayments for hospital services, except in an emergency.

Your Primary Care Provider.

When you enroll, you must choose a PCP for you and each member of your family. There are several ways to find a PCP or find the tier designation of a PCP (or general hospital): visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the Provider Directory; or call our Physician Selection Service at 1-800-821-1388. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

Out-of-Pocket Maximum.

For in-network services, you are protected by a calendar-year out-of-pocket maximum. Only copayments for hospital admissions and ambulatory surgery admissions, will be applied to your out-of-pocket maximum.

When the money you have paid equals the amounts shown below, full coverage, based on the allowed charge, will be provided for these services for the remainder of that calendar year:

- Inpatient admissions in a general hospital:
 - \$600 per member for Enhanced Benefits Tier hospital admissions each calendar year
 - \$1,200 per member for Standard Benefits Tier and Basic Benefits Tier hospital admissions each calendar year
- Inpatient admissions in a mental hospital or substance abuse treatment facility:
 - \$600 per member each calendar year
- Outpatient day surgical admissions:
 - \$300 per member each calendar year

Copayments paid for Enhanced Benefits Tier hospital admissions will apply to the out-of-pocket maximum amount for Standard Benefits Tier and Basic Benefits Tier hospital admissions and vice versa.

Referrals You Can Feel Better About.

Your PCP is the first person you call when you need routine or sick care (see *Emergency Care—Wherever You Are* for emergency care services). Your PCP cares about your health. This is why, should you and your PCP decide you need a specialist, you'll be referred to the one your PCP determines is appropriate for treating your specific condition. Of course, if you have a specialist to whom you would like to be referred, discuss this with your doctor. It's an important decision and the top priority is keeping you healthy. Your provider may also work with Blue Cross Blue Shield of Massachusetts concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

Emergency Care—Wherever You Are.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). You pay a \$100 copayment per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. Additionally, because you may not have a choice during an emergency, if you are admitted for an inpatient stay from the emergency room, you will be responsible for an Enhanced Benefits Tier copayment regardless of the tier of the hospital. Any follow-up care must be arranged by your PCP.

Service Area.

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts. Please see your benefit description for exact service area details.

When Outside the Service Area.

If you're traveling outside the service area and you need urgent or emergency care, you may go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. Please see your benefit description for more information.

Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Covered Services	Your Cost for Enhanced Benefits Tier Network Providers	Your Cost for Standard Benefits Tier Network Providers	Your Cost for Basic Benefits Tier Network Providers
Outpatient Care			
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit (waived if admitted or for observation stay)
Well-child care visits, including routine tests and immunizations	Nothing	Nothing	Nothing
Routine adult physical exams, including related tests	Nothing	Nothing	Nothing
Routine GYN exams, including routine tests and immunizations (one per calendar year)	Nothing	Nothing	Nothing
Routine hearing exams, including routine tests	Nothing	Nothing	Nothing
One hearing aid or one set of binaural hearing aids (up to \$1,700 each 24 months*)	All charges beyond the benefit maximum	All charges beyond the benefit maximum	All charges beyond the benefit maximum
Routine vision exam (one every 24 months)	Nothing	Nothing	Nothing
Family planning services—office visits	Nothing	Nothing	Nothing
Office visits			
• PCP, network nurse practitioner, or nurse midwife (billed by PCP)	\$10 per visit	\$15 per visit	\$20 per visit
• Network nurse practitioner or nurse midwife (not billed by PCP)	\$15 per visit	\$15 per visit	\$15 per visit
• Other network providers	\$25 per visit	\$25 per visit	\$25 per visit
Mental health and substance abuse treatment	\$10 per visit	\$10 per visit	\$10 per visit
Chiropractor services (up to 20 visits per calendar year)	\$15 per visit	\$15 per visit	\$15 per visit
Short-term rehabilitation therapy—physical and occupational (up to 90 visits per calendar year**)	\$15 per visit	\$15 per visit	\$15 per visit
Speech, hearing, and language disorder treatment—speech therapy	\$15 per visit	\$15 per visit	\$15 per visit
Home health care and hospice services	Nothing	Nothing	Nothing
Oxygen and equipment for its administration	Nothing	Nothing	Nothing
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing	Nothing	Nothing
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per date of service	\$100 per category per date of service	\$100 per category per date of service
Prosthetic devices	20% co-insurance	20% co-insurance	20% co-insurance
Durable medical equipment—such as wheelchairs, crutches, and hospital beds	Nothing	Nothing	Nothing
Surgery and related anesthesia			
• Office setting			
– When performed by your PCP or OB/GYN	\$10 per visit	\$15 per visit	\$20 per visit
– When performed by other network providers	\$25 per visit	\$25 per visit	\$25 per visit
• Ambulatory surgical facility, hospital, or surgical day care unit	\$150 per admission	\$150 per admission	\$150 per admission

* This includes dispensing fees and acquisition costs. You pay nothing for the first \$500 of allowed charges; then 20% coinsurance up to the benefit maximum. No benefits are provided for the replacement of lost or broken hearing aids, replacement parts, or hearing aid repairs.

** No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care and for the treatment of autism spectrum disorders.

Your Medical Benefits (continued)

Covered Services	Your Cost for Enhanced Benefits Tier Network Providers	Your Cost for Standard Benefits Tier Network Providers	Your Cost for Basic Benefits Tier Network Providers
Inpatient Care (and maternity care)			
General hospital care (as many days as medically necessary)	\$200 per admission	\$400 per admission	\$400 per admission
Mental hospital or substance abuse facility care (as many days as medically necessary)	\$200 per admission	\$200 per admission	\$200 per admission
Chronic disease hospital care (as many days as medically necessary)	\$200 per admission	\$200 per admission	\$200 per admission
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	Nothing	Nothing
Skilled nursing facility care (up to 45 days per calendar year)	Nothing	Nothing	Nothing
Prescription Drug Benefits			
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	\$10 for Tier 1 \$25 for Tier 2 \$50 for Tier 3	\$10 for Tier 1 \$25 for Tier 2 \$50 for Tier 3	\$10 for Tier 1 \$25 for Tier 2 \$50 for Tier 3
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	\$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3	\$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3	\$20 for Tier 1 \$50 for Tier 2 \$110 for Tier 3

Get the Most from Your Plan.

Visit us at www.bluecrossma.com/membercentral or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

A Fitness Benefit toward membership at a health club (see your benefit description for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
Blue Care Line SM —A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583)	No additional charge

Questions? Call 1-800-782-3675.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com. Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail? Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Please Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

